

OFFICE OF COMMISSIONER OF INSURANCE  
STATE OF GEORGIA  
AGENTS LICENSING SECTION  
ROOM 616 WEST TOWER FLOYD BUILDING  
2 MARTIN LUTHER KING, JR DRIVE  
ATLANTA, GEORGIA 30334

Filing Fee: \$50

## FINANCIAL INSTITUTION AGENCY REGISTRATION FORM

PLEASE TYPE OR PRINT

<b>AGENCY NUMBER</b>
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**FINANCIAL INSTITUTION:** \_\_\_\_\_ **BRANCH LOCATIONS?** Y or N

**MAILING ADDRESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

PLEASE LIST NAMES OF OFFICERS AND DIRECTORS OF CORPORATION, AND IF LICENSED UNDER THIS CHAPTER,  
PLEASE LIST THEIR LICENSE NUMBERS

FULL NAME	TITLE	LICENSE NUMBER

PLEASE LIST NAMES OF ALL OTHER AGENTS OF THE AGENCY AND IF LICENSED UNDER THIS CHAPTER,  
PLEASE LIST THEIR LICENSE NUMBERS

FULL NAME	TITLE	LICENSE NUMBER

[illegible]

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
SIGNATURE

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION FORM GID 130FI  
IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

**TITLE**

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